

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Kidney Centers  
Managed Care Organizations

**Memorandum No: 06-14**  
**Issued:** March 29, 2006

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
800.562.3022

**Subject: Kidney Center Services: Fee Schedule Changes**

**Retroactive for dates of services on and after January 1, 2006,** Health and Recovery Services Administration (HRSA) has implemented the following changes to the Kidney Center Services program:

- Updated the Fee Schedule rates, codes, descriptions, limitations and modifiers;
- Discontinued HCPCS procedure codes; and
- Added HCPCS procedure codes.

### **Discontinued, Added, and Updated Codes**

Retroactive for dates of service on and after January 1, 2006, the following HCPCS codes were:

- Discontinued: J1750 and Q4054
- Added: J0882, J1751, and J1752.

See the following Billing Instructions replacement pages for other procedure codes that are updated.

### **Injectable Drug Updates**

All injectable drug rates listed in the fee schedule are effective for dates of service on and after January 1, 2006. Injectable drug rates are updated quarterly for all programs *online only*. For HRSA's most current injectable drug rates go to <http://maa.dshs.wa.gov> (click *Provider Publications/Fee Schedules*, then click *Fee Schedules*, then click the *Injectable Drug Update* by date).

## Billing Instructions Replacement Pages

Attached are replacement pages F.1 – F.8 for HRSA's current *Kidney Center Services Billing Instructions*.

## How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
  - a) Click ***General Store***.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either ***I'm New*** or ***Been Here***.
    - ii. If new, fill out the registration and click ***Register***.
    - iii. If returning, type your email and password and then click ***Login***.
  - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
  - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

# Fee Schedule

## Revenue and Procedure Codes

Revenue Code	<u>Pharmacy</u>	Maximum Allowable Fee
<b>0260</b>	Administration of drugs by IV/intramuscular (non-renal related and/or not covered by Medicare).	BR

Revenue Code		<u>Medical/Surgical Supplies and Devices</u>	
0270*		(Requires specific identification using a HCPCS code)	
Medical/surgical supplies and devices			
<b>Note:</b> In order to receive payment for revenue code 270, the procedure code of the specific supply given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those supplies listed below</u> .			
Code Status	Procedure Code	Type of Supply	Maximum Allowable Fee
	A4657	Syringe, with or without needle	\$0.24/per supply package
	A4750	Blood tubing, arterial or venous, for hemodialysis, each	12.70
	A4913	Miscellaneous dialysis supplies (use for IV tubing, pump)	24.35

Revenue Code	<u>Laboratory</u>	Maximum Allowable Fee
<b>0303</b>	Laboratory, renal patient (home)	BR
<b>0304</b>	Laboratory, non-routine dialysis	BR

\* For clients who have dual coverage (Medicare/Medicaid) the asterisked (\*) drugs, supplies, and services must first be billed to Medicare.

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(Rev 3/29/2006) (Eff.1/1/2006)

**Please note the following items:**

- HRSA does not reimburse providers for blood and blood products.
- Reimbursement is limited to blood bank service charges for processing the blood and blood products (refer to WAC 388-550-6500).
- The codes listed below must be used to represent the following costs: 1) blood processing and other fees assessed by non-profit blood centers that do not charge for the blood or blood products themselves; or 2) costs incurred by a center to administer its in-house blood procurement program. However, these costs must not include any staff time used to administer blood.

**Revenue Code**

**0390**

**Blood Processing for Transfusion**

(Requires specific identification using a HCPCS code)

**Note:** In order to receive payment for revenue code 390, the procedure code of the specific supply given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to those supplies listed below.

<b>Code Status</b>	<b>Procedure Code</b>	<b>Blood Processing for Transfusion</b>	<b>Maximum Allowable Fee</b>
	P9010	Blood (whole), for transfusion, per unit	\$55.11
	P9011	Blood (split unit), specify amount	BR
	P9012	Cryoprecipitate, each unit	26.20
	P9016	Red blood cells, leukocytes reduced, each unit	45.53
	P9017	Fresh frozen plasma (single donor), each unit	47.82
	P9019	Platelets, each unit	BR
	P9020	Platelet rich plasma, each unit	BR
	P9021	Red blood cells, each unit	66.64
	P9022	Red blood cells, washed, each unit	20.50
	P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	BR
	P9031	Platelets, leukocytes reduced, each unit	BR
	P9032	Platelets, irradiated, each unit	BR
	P9033	Platelets, leukocytes reduced, irradiated, each unit	BR
	P9034	Platelets, pheresis, each unit	BR
	P9035	Platelets, pheresis, leukocytes reduced, each unit	BR
	P9036	Platelets, pheresis, irradiated, each unit	BR
	P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	BR
	P9038	Red blood cells, irradiated, each unit	BR
	P9039	Red blood cells, deglycerolized, each unit	BR
	P9040	Red blood cells, leukocytes reduced, irradiated, each unit	BR
	P9041	Infusion, albumin (human), 5%, 50 ml	14.54
	P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	14.54
	P9044	Plasma, cryoprecipitate reduced, each unit	BR
	P9045	Infusion, albumin (human), 5%, 250 ml	55.10
	P9046	Infusion, albumin (human), 25%, 20ml	14.54

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Revenue Code 0390		<u>Blood Processing for Transfusion Continued</u>	
Code Status	Procedure Code	Blood Processing for Transfusion	Maximum Allowable Fee
	P9047	Infusion, albumin (human). 25%, 50ml	\$55.10
	P9048	Infusion, plasma protein fraction (human), 5%, 250ml	29.10
	P9050	Granulocytes, pheresis, each unit	BR
	P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	BR
	P9055	Platelets, leukocytes reduced, cmv-negative, apheresis/pheresis, each unit	BR
	P9056	Whole blood, leukocytes reduced, irradiated, each unit	BR
	P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	BR
	P9058	Red blood cells, leukocytes reduced, cmv-negative, irradiated, each unit	BR
	P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	BR
	P9060	Fresh frozen plasma, donor retested, each unit	BR

Revenue Code	<u>Epoetin Alpha (EPO)</u>	1/1/06 Max. Allowable Fee
<b>Note:</b> When billing with revenue codes 634 and 635, each billing unit reported on the claim form represents <b>100 units</b> of EPO given.		
U <b>0634*</b>	Erythropoietin (EPO) less than 10,000 units	\$0.96
U <b>0635*</b>	Erythropoietin (EPO) 10,000 or more units	0.96

\*For clients who have dual coverage (Medicare/Medicaid) the asterisked (\*) drugs, supplies, and services must first be billed to Medicare.

Revenue Code		<u>Other Drugs Requiring Specific Identification</u>		
0636*		Administration of drugs (bill number of units based on the description of the drug code)		
<b>Note:</b> In order to receive payment for revenue code 636, the procedure code of the specific drug given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those drugs listed below</u> .				
Code Status	Procedure Code	Name of Drug	Admin. Dose	1/1/06 Max. Allowable Fee
U	90655	Flu vaccine, preservative free, 6-35 mo, im		\$14.68
U	90656	Flu vaccine, preservative free, 3 yrs & above, im		12.38
	90657	Flu vaccine, 6-35 mo, im		6.19
U	90658	Flu vaccine, 3 yrs & above, im		10.10

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Revenue Code 0636*		<u>Other Drugs Requiring Specific Identification</u> <u>Continued</u>		
Code Status	Procedure Code	Name of Drug	Admin. Dose	1/1/06 Max. Allowable Fee
U	90660	Flu vaccine, live, intranasal		24.19
	90732	Pneumococcal vaccine		\$22.24
	90747	Immunization, active: Hepatitis B vaccine	40 mcg	103.12
U	J0280	Injection, Aminophyllin	250 mg	0.40
U	J0285	Amphotericin	50 mg	7.62
U	J0290	Ampicillin Sodium	500 mg	2.46
U	J0295	Ampicillin Sodium/Sulbactam sodium	1.5 g	6.50
U	J0360	Injection, Hydralazine HCl	20 mg	6.09
U	J0530	Penicillin G Benzathine and Procaine	600,000 u	13.19
U	J0610	Calcium Gluconate	10 ml	0.40
U	J0630	Calcitonin Salmon	400 u	37.81
U	J0636	Calcitriol	0.1 mcg	0.71
U	J0640	Leucovorin Calcium	50 mg	1.28
U	J0690	Cefazolin Sodium	500 mg	1.38
U	J0694	Cefoxitin Sodium	1 gm	7.14
U	J0696	Ceftriaxone Sodium	250 mg	5.43
U	J0697	Cefuroxime Sodium	750 mg	4.12
U	J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate	3 mg	4.98
U	J0704	Betamethasone Sodium Phosphate	4 mg	0.91
	J0710	Cephapirin Sodium	1gm	1.41
U	J0713	Ceftazidime	500 mg	3.97
U	J0745	Codeine Phosphate	30mg	0.72
U	J0780	Prochlorperazine	10 mg	3.25
N	J0882	Injection, darbepoetin alfa	1 mcg	2.99
U	J0895	Deferoxamine Mesylate	500 mg	15.20
U	J0970	Estradiol Valerate	40 mg	30.98
	J1060	Testosterone Cypionate and Estradiol Cypionate	1 ml	4.14
U	J1070	Testosterone Cypionate	100 mg	5.16
U	J1080	Testosterone Cypionate, 1 cc	200 mg	12.31
	J1094	Dexamethasone Acetate	1 mg	0.60
U	J1160	Digoxin	0.5 mg	3.97
U	J1165	Phenytoin Sodium	50 mg	0.66
U	J1170	Hydromorphone	4 mg	1.60
U	J1200	Diphenhydramine HCl	50 mg	0.76
U	J1240	Dimenhydrinate	50 mg	3.83
U	J1270	Injection, doxercalciferol	1 mcg	2.69
U	J1335	Injection, ertapenem sodium	500 mg	22.25
U	J1580	Gentamicin Sulfate	80 mg	0.98

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Revenue Code 0636*		<u>Other Drugs Requiring Specific Identification</u> <u>Continued</u>		
Code Status	Procedure Code	Name of Drug	Admin. Dose	1/1/06 Max. Allowable Fee
U	J1630	Haloperidol	5 mg	\$2.86
U	J1631	Haloperidol Decanoate	50 mg	6.22
U	J1645	Dalteparin Sodium	2500 IU	10.01
U	J1720	Hydrocortisone Sodium Succinate	100 mg	1.90
D	<del>J1750</del>	<del>Iron Dextran</del> See J1751 and J1752	<del>50 mg</del>	<del>11.22</del>
N	J1751	Injection, iron dextran 165	50mg	12.25
N	J1752	Injection, iron dextran 267	50 mg	10.24
U	J1756	Injection of Iron Sucrose	1 mg	0.36
U	J1790	Droperidol	5 mg	0.20
U	J1800	Propranolol HCl	1 mg	4.55
U	J1840	Kanamycin Sulfate	500 mg	3.62
U	J1885	Ketorolac Tromethamine	15 mg	0.47
	J1890	Cephalothin Sodium	1 gm	8.64
U	J1940	Furosemide	20 mg	0.38
U	J1955	Levocarnitine	1 gm	10.18
U	J1956	Injection, levofloxacin	250 mg	7.68
U	J1990	Chlordiazepoxide HCl	100 mg	21.05
	J2001	Lidocaine HCl	10 mg	0.02
U	J2060	Lorazepam	2 mg	1.00
U	J2150	Mannitol 25%	50 ml	0.87
U	J2175	Meperidine HCl	100 mg	1.63
U	J2270	Morphine Sulfate	10 mg	1.01
U	J2275	Morphine Sulfate (sterile solution)	10 mg	6.07
U	J2320	Nandrolone Decanoate	50 mg	3.29
U	J2321	Nandrolone Decanoate	100 mg	6.61
U	J2322	Nandrolone Decanoate	200 mg	13.15
U	J2501	Paricalcitol	1 mcg	3.81
U	J2510	Penicillin G Procaine Aqueous	600,000 u	8.42
U	J2540	Penicillin G Potassium	600,000 u	0.98
U	J2550	Promethazine HCl	50 mg	2.05
U	J2560	Phenobarbital Sodium	120 mg	3.20
U	J2690	Procainamide HCl	1 gm	1.53
U	J2700	Oxacillin Sodium	250 mg	1.52
U	J2720	Protamine Sulfate	10 mg	0.40
U	J2765	Metoclopramide HCl	10 mg	0.48
U	J2800	Methocarbamol	10 ml	8.49

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Revenue Code 0636*		<u>Other Drugs Requiring Specific Identification Continued</u>		
Code Status	Procedure Code	Name of Drug	Admin. Dose	1/1/06 Max. Allowable Fee
U	J2916	Sodium Ferric Gluconate Complex in Sucrose Injection	12.5 mg	\$4.90
U	J2920	Methylprednisolone Sodium Succinate	40 mg	1.92
U	J2930	Methylprednisolone Sodium Succinate	125 mg	2.50
	J2995	Streptokinase	250,000 IU	79.50
U	J2997	Alteplase Recombinant	1 mg	31.41
U	J3000	Streptomycin	1 gm	5.60
	J3010	Fentanyl Citrate	0.1 mg	0.30
U	J3070	Pentazocine HCl	30 mg	4.51
U	J3120	Testosterone Enanthate	100 mg	7.27
U	J3130	Testosterone Enanthate	200 mg	14.55
U	J3230	Chlorpromazine HCl	50 mg	3.16
U	J3250	Trimethobenzamide HCl	200 mg	4.81
U	J3260	Tobramycin Sulfate	80 mg	2.02
	J3280	Thiethylperazine Maleate	10 mg	3.87
U	J3301	Triamcinolone Acetonide	10 mg	1.39
U	J3360	Diazepam	5 mg	0.80
U	J3364	Urokinase	5,000 IU vial	9.16
U	J3365	IV Urokinase	250,000 IU vial	457.73
U	J3370	Vancomycin HCl	500 mg	3.12
U	J3410	Hydroxyzine HCl	25 mg	0.19
U	J3420	Vitamin B-12 Cyanocobalamin	1,000 mcg	0.31
U	J3430	Phytonadione (Vitamin K)	1 mg	1.86
	J3490	Unclassified Drugs		AC
<b>Note:</b> The National Drug Code (NDC) number and dosage given to the client must be included in the remarks section of the claim form when billing unlisted drug HCPCS code J3490.				
D	<del>Q4054</del>	<del>Darbepoetin alfa</del> See J0882	<del>1 meg</del>	<del>3.06</del>

Revenue Code	<u>EKG/ECG (Electrocardiogram) – Technical Portion</u>	
0730*	<u>Only</u>	
	General classification	BR

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## Kidney Center Services

Revenue Code	<u>Hemodialysis – Outpatient or Home</u>	1/1/06 Max. Allowable Fee
<b>0821*</b>	Hemodialysis/composite rate. Limited to 14 per client, per month. <b>(Do not bill in combination with 831, 841, 851, or 880.)</b>	\$199.42/per session
<b>0825</b>	Support Services (Home Helper)	BR

\* For clients who have dual coverage (Medicare/Medicaid) the asterisked (\*) drugs, supplies, and services must first be billed to Medicare.

Revenue Code	<u>Intermittent Peritoneal Dialysis – Outpatient or Home</u>	1/1/06 Max. Allowable Fee
<b>0831*</b>	Peritoneal dialysis/Composite Rate. Limited to 14 per client, per month. <b>(Do not bill in combination with 821, 841, 851, or 880.)</b>	\$199.42/per session
<b>0835</b>	Support Services (Home Helper)	BR

Revenue Code	<u>Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home</u>	1/1/06 Max. Allowable Fee
<b>0841*</b>	CAPD/Composite Rate. Limited to 31 per client, per month. <b>(Do not bill in combination with 821, 831, 851, or 880.)</b>	\$85.47/per session
<b>0845</b>	Support Services (Home Helper)	BR

Revenue Code	<u>Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home</u>	1/1/06 Max. Allowable Fee
<b>0851</b>	CCPD/Composite Rate. Limited to 31 per client, per month. <b>(Do not bill in combination with 821, 831, 841, or 880.)</b>	\$85.47/per session
<b>0855</b>	Support Services (Home Helper)	BR

Revenue Code	<u>Miscellaneous Dialysis</u>	1/1/06 Max. Allowable Fee
<b>0880</b>	General Classification. Limited to 14 per client, per month. <b>(Do not bill in combination with 821, 831, 841, or 851.)</b>	\$199.42/per session
<b>0881</b>	Ultrafiltration	BR

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Fee Schedule

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